

10/502331

1082

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11	1					
12		1				
13		2				
14		3				
15		4				
16		5				
17		6				
18		7				
19		8				
20		9				
21		10				
22		11				
23		12				
24		13				
25		14				
26		15				
27	1					
28	1					
29		1				
30			1			
31				1		
32				2		
33				3		
34				4		
35				5		
36				6		
37				7		
38				8		
39			1			
40				1		
41				2		
42				3		
43				4		
44				5		
45				6		
46				7		
47				8		
48				9		
49				10		
50				11		
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	80	←		←
TOTAL CLAIMS			87			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				2		
54				3		
55			1			
56				1		
57				2		
58				3		
59				4		
60				5		
61				6		
62				7		
63				8		
64				9		
65				10		
66				11		
67				12		
68				13		
69				14		
70			1			
71				1		
72				2		
73				3		
74				4		
75				5		
76				6		
77				7		
78				8		
79				9		
80				10		
81				11		
82				12		
83				13		
84				14		
85			1			
86				1		
87				2		
88				3		
89				4		
90				5		
91				6		
92				7		
93				8		
94				9		
95				10		
96				11		
97				12		
98				13		
99				14		
100			1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						